FIS 0261 (8/00) Michigan Office of Financial & Insurance Services   Division of Insurance

Document Request

NAME

Last *(maximum number of characters allowed)*

First *(maximum number of characters allowed)*   **Middle Initial or Name**   **SUFFIX** (Jr., Sr., I, II, etc.)

SOCIAL SECURITY NUMBER OR FEIN   **BUSINESS/ DAYTIME PHONE**

TYPES OF DOCUMENTS

☐ Certification Letter _____   ☐ Licensing History _____   ☐ Clearance Letter   ☐ Duplicate License
Number requested   Number requested

TYPE OF DUPLICATE LICENSE REQUESTED *(check the appropriate license type for your duplicate license and sign on the bottom line)*

☐ Agent   ☐ Agency   ☐ Solicitor   ☐ Counselor

☐ Surplus Lines Agent ☐ Surplus Lines Agency   ☐ Risk Retention Agent ☐ Risk Retention Agency

☐ Insurance Adjuster ☐ Adjuster for the Insured ☐ Administrative Services Manager

DUPLICATE LICENSES must be sent to the licensee's mailing address on our database.

THERE IS NO CHARGE FOR ANY OF THESE DOCUMENTS.

CERTIFICATIONS, CLEARANCES, and/or HISTORIES

CERTIFICATION LETTERS, CLEARANCE LETTERS, and LICENSING HISTORIES can be sent to another address.
Please print/type carefully and specify where Certifications, Clearances, and/or Histories should be sent.

Individual's Name *(maximum number of characters allowed)*

Company/Agency Name

Number & Street   Suite # or Floor

PO Box #, RR #, Apartment #, or Building Name

City   State   Zip Code

CLEARANCE LETTERS

For a CLEARANCE LETTER, we must have a mailing address in your new state and your signature.

Individual's Last Name *(maximum number of characters allowed)*

Individual's First Name *(maximum number of characters allowed)*   Middle Initial or Name   SUFFIX (Jr., Sr., I, II, etc.)

Number & Street   Apartment/Suite #

City   State   Zip Code

_____
SIGNATURE

Michigan Department of Consumer & Industry Services   *Serving Michigan... Serving You*